

**NEW JERSEY DIVISION OF FISH & WILDLIFE**  
**Striped Bass Bonus Program**  
**Individual Participant Application**

Date\_\_\_\_\_

Name\_\_\_\_\_

Last	First	Middle Initial
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Address\_\_\_\_\_

Number and Street

City_____	State_____	Zip Code_____
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County\_\_\_\_\_ \*Social Security #\_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Area Code	Number
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\*\*E-mail address: \_\_\_\_\_

MAIL COMPLETED FORM TO:    Division of Fish and Wildlife  
   Striped Bass Bonus Program  
   P.O. Box 418  
   Port Republic, NJ 08241

\*    Required for processing application

\*\* The Division is developing a voluntary Bonus Program e-mail list  
for special notices, regulation updates, emergency closures, etc.

**\*\*\*\*\*YOU MUST ENCLOSE A SELF-ADDRESSED, STAMPED, #10 BUSINESS\*\*\*\*\***  
**ENVELOPE FOR EACH APPLICANT TO RECEIVE TWO FISH POSSESSION CARDS**

**DIVISION OF FISH & WILDLIFE USE ONLY**

Fish Possession Cards #s Issued_____	Duplicate Check_____
Date Mailed to Applicant_____	Initials_____